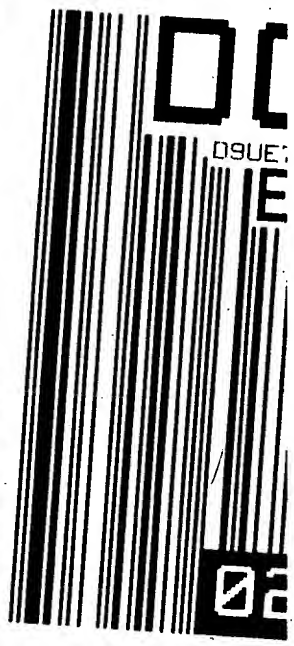


-> NW  
SFO -> NW  
WGT: 010 TO:  
AR: CCA  
LV: SFO AT 06:



# POST OFFICE TO ADDRESSEE



UNITED STATES POSTAL SERVICE™

## ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Postage \$
Time in <input type="checkbox"/> AM <input type="checkbox"/> PM	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee
Weight lbs. ozs.	Int'l Alpha Country Code	COD Fee
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials	Insurance Fee
Total Postage & Fees \$		

## DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Delivery Date Mo. Day Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Signature of Addressee or Agent	
Name - Please Print	

**CUSTOMER USE ONLY**  
TO FILE A CLAIM FOR DAMAGE OR LOSS OF CONTENTS, YOU MUST PRESENT THE ARTICLE, CONTAINER, AND PACKAGING TO THE USPS FOR INSPECTION.

☐ **WAIVER OF SIGNATURE** (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.  
☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

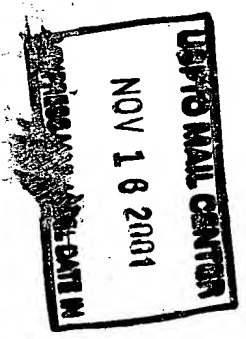
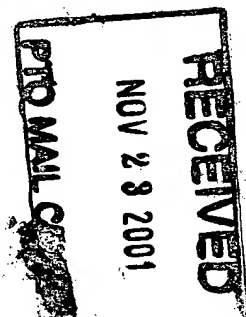
FROM: (PLEASE PRINT)

PHONE

TO: (PLEASE PRINT)

PHONE

FOR PICKUP OR TRACKING CALL 1-800-222-1811 WWW.USPS.



BEST AVAILABLE COPY